

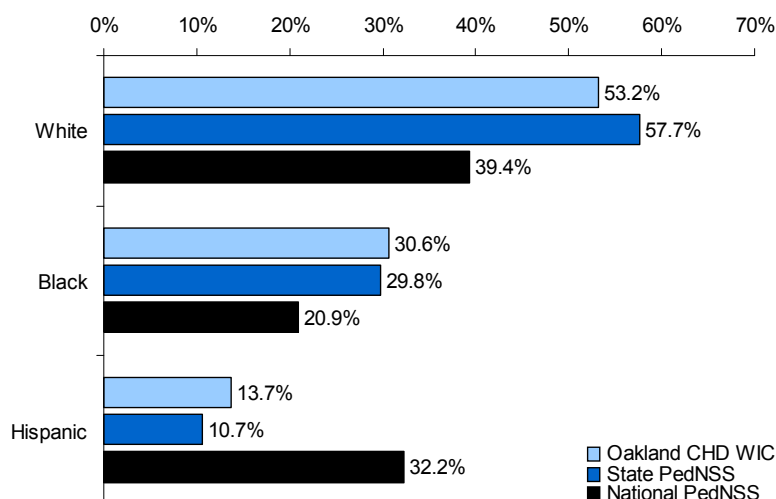
2003 WIC Local Agency Pediatric Nutrition Surveillance System (PedNSS) Report

The goal of Michigan WIC is to improve the health outcome of low income nutritionally at-risk women and children by providing supplemental nutritious foods, offering nutrition education/counseling, breastfeeding support, and referral to other health and social services. This report is developed to provide specific local information regarding the health and nutritional status of WIC participants. In order to provide local statistics stratified by age and race/ethnicity, three-year averages were calculated for each health indicator. Consequently, point estimates represent the incidence or prevalence of an indicator between the years 2001 and 2003. Trends were constructed using rolling averages and cover the period between 1998 and 2003.

According to data from the 2000 Census, Oakland County had 6.3% of residents under the age of five years old, of which 7.2% lived below poverty. Oakland County WIC, in 2003, served approximately 12,634 of the total number of infants and children under five years old enrolled in Michigan WIC. PedNSS data for Oakland County WIC agency revealed:

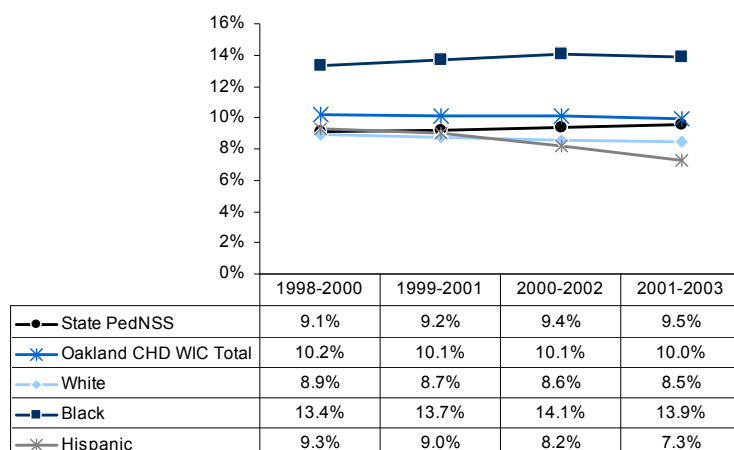
- One in ten WIC infants in Oakland County, 10.0% were low birthweight infant between 2001 and 2003.
- Oakland County WIC's incidence of high birthweight (birthweight greater than 4000g or 13 lbs 8 oz) is slightly below that of the state incidence: 8.0% and 8.3% respectively.
- In Oakland, short stature among infants and children under two years old was 4.5 percentage points higher than among children two to five years old.
- The prevalence of underweight was lower in Oakland County compared to both state and national statistics: 4.1% compared to 4.5% and 5.3%.
- Almost 20% of Hispanic children two to five years old in Oakland County WIC were overweight between 2001-2003. Another 18.9% were considered at risk of overweight.
- The prevalence of iron deficiency anemia is nearly equivalent between local, state, and national PedNSS: 13.7%, 13.4%, and 13.1%.
- High percentage of White (47.0%) and Hispanic (56.5%) infants in Oakland were ever breastfed between 2001 and 2003.

Figure 1. **Racial/ethnic distribution** among infants and children under five years old, 2001-2003 PedNSS



Although predominately non-Hispanic White, 40% of Oakland County WIC infants and children under 5 years old are racial/ethnic minorities.

Figure 2. Trend in **low birthweight*** by race/ethnicity among infants in the Oakland CHD WIC agency, 1998-2003 MI PedNSS



*Low birthweight is defined as having a birthweight less than 2500 grams (5lbs 9 oz) regardless of gestational age.

The trend of low birthweight had increased for White and Black infants in Oakland CHD WIC, but declined among Hispanic infants.

Between 1998-2000 and 2001-2003 the prevalence of Hispanic infants that were ever breastfed increased from 38.5% to 56.5%

Figure 3. Trend in **ever breastfed** by race/ethnicity among infants in the Oakland CHD WIC agency, 1998-2003 PedNSS

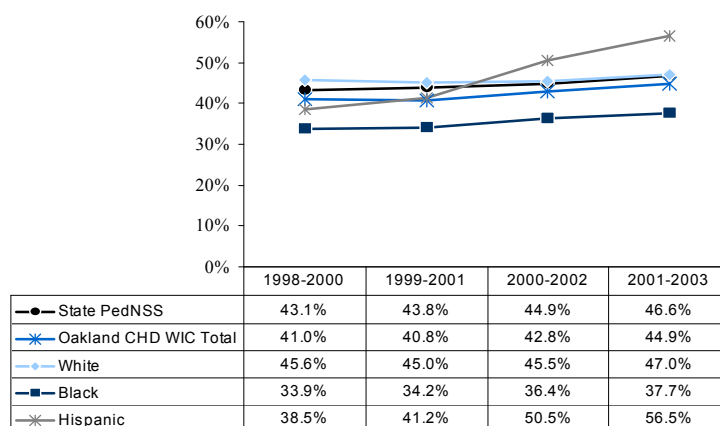
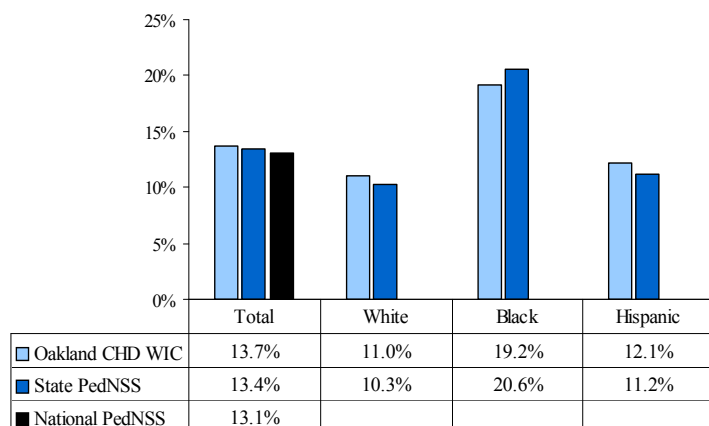


Figure 4. Average prevalence of **iron deficiency anemia*** by race/ethnicity among children under five years old, 2003

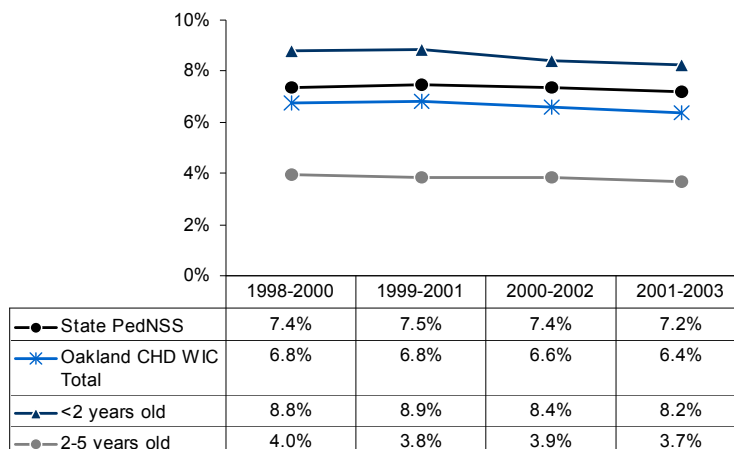


*For infants under the age of one year, iron deficiency anemia is defined as having either a hemoglobin concentration of 11.0 g/dL or a hematocrit level of less than 33%. For children two to five years old, iron deficiency anemia is defined as having either a hemoglobin concentration less than 11.1 g/dL or a hematocrit level below 33.3%.

Black infants and children under five years old at both the local and state level are disproportionately affected by iron deficiency anemia compared to other racial/ethnic groups. Nevertheless the prevalence of anemia was lower among Black participants in Oakland CHD WIC compared to Black infants and children statewide.

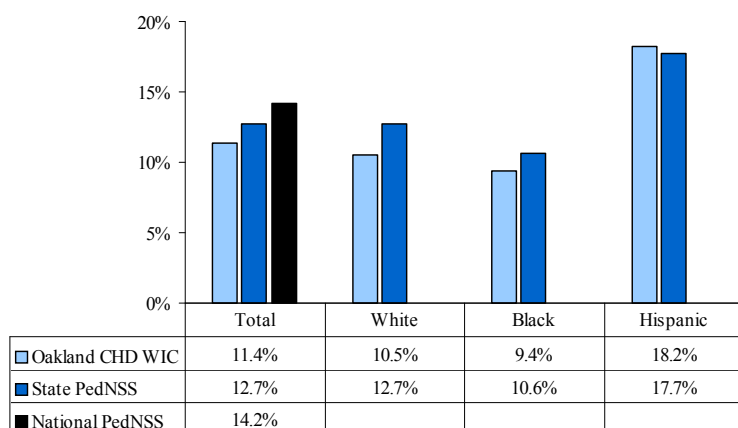
The prevalence of short stature among children two to five years old in Oakland CHD WIC was approximately half that of infants and children under the age of two years old since 1998.

Figure 5. Trend in **short stature*** by age group among infants and children under five years old, 1998-2003 MI PedNSS



*Short stature is defined as having a height-for-age below the 5th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

Figure 6. Average prevalence of **overweight*** by race/ethnicity among children two to five years old, 2003 PedNSS

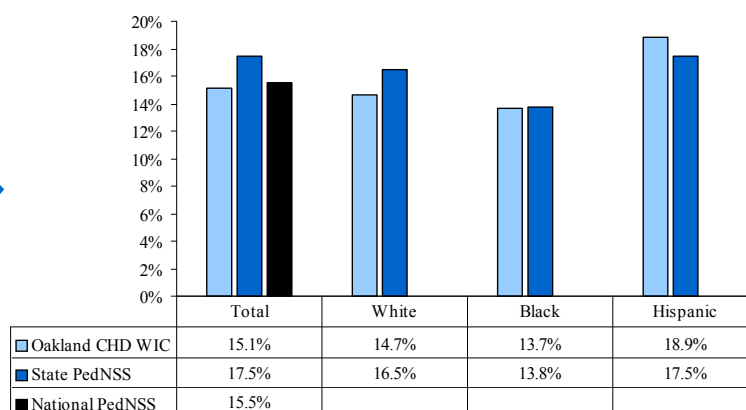


*Overweight is defined as having a weight-for-height greater than the 95th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

Despite the high prevalence of overweight among Hispanic children two to five years old, Oakland CHD WIC has a lower prevalence of overweight compared to state and national statistics.

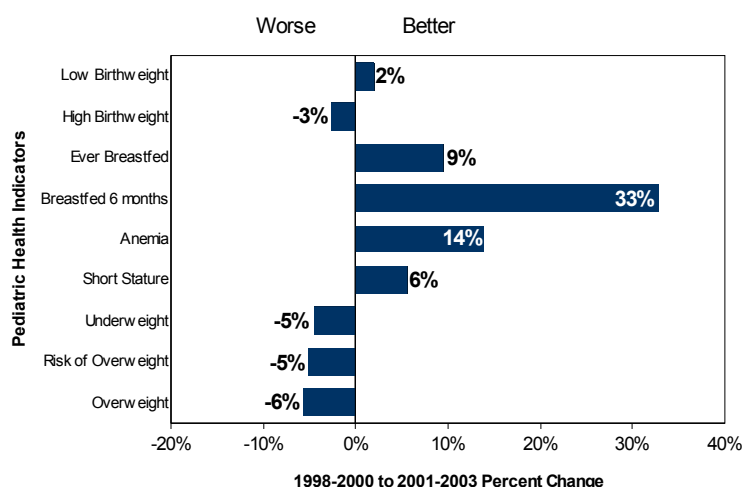
White children two to five years old in Oakland CHD WIC have a lower prevalence of overweight compared to their counterparts statewide.

Figure 7. Average prevalence of **risk of overweight*** by race/ethnicity among children two to five years old, 2003 PedNSS



*Risk of overweight is defined as having a weight-for-height between the 85th and the 95th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

Figure 8. Pediatric **health progress review** for Oakland CHD WIC infants and children under five years old, 1998-2000 and 2001-2003 MI PedNSS



Since 1998-2000 the indicators for low birthweight, breastfeeding, anemia, and short stature improved in the Oakland CHD WIC population under the age of five.



Jennifer M. Granholm, Governor

Janet Olszewski, Director

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Michigan Department of Community Health

WIC Program

Mission Statement

The mission of the Michigan WIC program is to improve the health outcomes and quality of life for eligible women, infants, and children by providing nutritious food, nutrition education, breastfeeding promotion, and support and referrals to health and other services. To this end:

- Delivery of services and supports are to be provided in a caring, respectful, efficient, and cost effective manner.
- Delivery of services shall be provided in a culturally competent and confidential manner.
- The WIC Program shall assure the broadest possible access to services, supports, and food.